



Michael R. Pence, Governor
State of Indiana

Division of Aging

MS 21, 402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083
TOLL FREE: 1-888-673-0002
FAX: 317-232-7867

Transforming state Long-Term Services and Supports access programs and functions into a “No Wrong Door” system for all populations and all payers.

Indiana plans to develop its No Wrong Door system by focusing on the most common touch point between health care systems and long-term care services—hospital discharges. These critical moments already involve many of the key stakeholders in our Long-Term Services and Supports system: Aging and Disability Resource Centers, community healthcare systems and discharge planners, nursing and assisted living facilities, Community Mental Health Centers, Centers for Independent Living, and Veterans Administration Healthcare Systems. Key players in the planning process include not only the Division of Aging, but also other divisions within Indiana’s Family and Social Services Administration: the Office of Medicaid Policy and Planning, Division of Mental Health and Addiction and Division of Disability and Rehabilitative Services.

Targeting individuals at these transition points touches all demographics: from children to older adults and those with physical disabilities as well as mental and developmental issues, regardless of financial status. The focus on hospital discharge and nursing facility admission as our target population will provide the maximum financial impact to the state in terms of cost savings in medical and institutional long-term care. We believe we can transform Indiana’s current Pre-Admission Screening process into a vehicle that can be utilized effectively at hospital discharge opportunities by serving as a “navigational map,” to point consumers to appropriate Long-Term Services and Supports. Also key will be the creation of a training curriculum for Long-Term Care Advisors who will provide preliminary screening, referral, and information to these individuals. Additionally, a statewide No Wrong Door public awareness campaign will be required for successful implementation of a No Wrong Door system.

All No Wrong Door screening tools, informational and marketing materials, web presence and training curriculum developed in addressing the point of hospital discharge transitions will then be replicated at other “doors” throughout the Long-Term Services and Supports system including veterans’ access points and Centers for Independent Living, among others.

The scope of the federal requirements and guidelines require a plan derived of input from multiple sets of stakeholders. The process must be collaborative, and build and strengthen relationships among agencies, organizations and stakeholders.



A No Wrong Door system is one that:

- Recognizes that resources are limited and insufficient to address the growing need for counseling and assessment for long-term services and supports;
- Identifies the many doors consumers already use in their attempts to access long-term services and support;
- Addresses all populations and all payers; and,
- Creates tools and training to prepare the individuals and organizations that staff those doors in order to provide appropriate assessment and supported decision-making to consumers and their families.

Why “No Wrong Door” for Indiana?

- There is a growing need for Long-Term Services and Supports as our population ages;
- There are not sufficient resources to fund existing portal agencies to handle the demand; and,
- Consumers must be *met where they are*—understanding their values and needs and connecting with them in a way that is effective for them—with information and support so they can make informed choices in order to purchase or obtain the right care at the right time in the least restrictive setting.

Who is involved in No Wrong Door planning?

Indiana is using its one-year planning period to prepare a three-year plan for implementing a No Wrong Door system by involving key stakeholders in an analysis of the strengths and weakness of the current system, and what a No Wrong Door system should look like, in addition to other significant considerations.

Key stakeholders in our Long-Term Services and Supports system include Aging and Disability Resource Centers, community healthcare systems, discharge planners, nursing and assisted living facilities, Community Mental Health Centers, Centers for Independent Living, and Veterans Administration Healthcare Systems.

Key players in the planning process include not only the Division of Aging, but also other divisions within Indiana’s Family and Social Services Administration: the Office of Medicaid Policy and Planning, Division of Mental Health and Addiction and Division of Disability and Rehabilitative Services. The engagement of stakeholders will be conducted commensurate with the phased planning and implementation process. Stakeholders will be consulted and directly involved with planning efforts that relate to the populations they serve.

How will No Wrong Door be implemented?

Indiana's path to a No Wrong Door system will be incremental, over a series of phases. The initial stage will involve transforming the state's Pre-Admission Screening process, which is the gateway to nursing facility admission and related to the screening process for the state's Medicaid waiver programs. The key objective in this phase will be to leverage appropriate technology to create an efficient business process to allow streamlined access to whatever Long-Term Services and Supports are appropriate for a consumer transitioning out of hospital care. Subsequent phases of Indiana's plan will focus on adapting this transformed process to the needs of other populations, which will include, but are not limited to:

- re-energizing Pre-Admission Screening and Resident Review, a federal requirement that helps ensure appropriate specialized service needs are identified and plans for those services are developed regardless of care setting;
- reviewing how individuals who come through Adult Protective Services are referred for services, and streamlining that process;
- creating connections with Indiana organizations that support veterans, the mentally ill, those with intellectual and developmental disabilities, and homeless populations, including faith-based community organizations.